

Report of Actual / Planned Other Employment and Compensation

1. Current State Employment Information:

Name: _____

Civil Service Job Title: _____

Normal Working Hours: _____

Normal Days Off: _____

2. Is the below information on current other employment or on planned other employment? ☐ Current ☐ Other

3. Other Employment Information:

Date of Employment: _____

Employer: _____

Address (street and town): _____

Nature of Business: _____

What Days Per Week: _____

How are you paid: ☐ Hourly ☐ Daily ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Work Per Unit

Type of payment received : ☐ Cash ☐ Check ☐ Stocks

Are you required to drive or travel? ☐ Yes ☐ No

Explain: _____

I certify the above to be correct to the best of my knowledge and ability.

Employee Signature

Date

Unit Head:

☐ Approved ☐ Denied

Signature

Date

Legal Services:

☐ Approved ☐ Denied

Signature

Date

